

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

District of _____

Division _____

Case No.

1:19cv 783

(to be filled in by the Clerk's Office)

Anderson COUTINHO-SILVA

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

United States of America
Ramirez, Food Service Staff
ALL UNKNOWN STAFF

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

FILED
SCRANTON

MAY 03 2019

PER Amw
DEPUTY CLERK

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name ANDERSON COUTINHO-SILVA
 All other names by which
 you have been known: N/A
 ID Number 64654-066
 Current Institution Federal Correctional Complex
 Address US Penitentiary Max PO Box 8500
Florence CO 81226
City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name Ramirez
 Job or Title (*if known*) Food Service Staff Director
 Shield Number UNKNOWN
 Employer Federal Bureau of Prisons
 Address US Penitentiary, 2400 Robert F. Miller Dr
Lewisburg PA 17837
City State Zip Code

☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name _____
 Job or Title (*if known*) _____
 Shield Number _____
 Employer _____
 Address _____

City State Zip Code

☐ Individual capacity ☐ Official capacity

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

Defendant No. 3

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐

Individual capacity

☐

Official capacity

Defendant No. 4

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐

Individual capacity

☐

Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☒Federal officials (~~a Bivens claim~~)

TORT claim 28-USC-1346

☐

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

N/A

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☒ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

This claim is against the Food Service Director Ramirez.

This is The lawsuit Continuation Pages

CLAIM ONE: 8TH Amendment Violation/
Cruel and Unusual Punishment; and
Deliberant indifference to MY
Serious medical Needs:

Supporting Grounds: As a Inmate
in the custody of the United States
ATTORNEY General ~~and~~ and The
Federal BUREAU OF PRISON was
assigned as MY custodian, I
have a Constitutional Right to
be Safe and provided with
POISON FREE FOOD, and PROPER
TREATMENT FOR medical care;
The Food Service Administrator
~~Anderson~~ ~~and~~ MR. RAMIREZ
and 4 UNNAMED individuals were
deliberately indifferent to MY
Serious Medical Needs by
serving Old, Spoiled food over
a period of time from 2012-2016

4A

page ~~4A~~

IT IS WELL KNOWN THAT MR Ramirez and 4 UNKNOWN STAFF WERE SERVING Molded JELLY, Spoiled COLESLAW and Macaroni Salad, Rotten apples, AND Contaminated RICE ON Food TRAYS THAT WERE NOT PROPERLY SANITIZED; THIS WAS AN ONGOING SITUATION FOR A PERIOD OF 5 YEARS 2012-2016 AT THE USP Lewisburg PRISON IN THE Food Service Department/ MAIN KITCHEN: MR Ramirez and 4 UNKNOWN ~~OFFICIALS~~ OFFICIALS CAUSED UNSAFE FOOD TO BE PLACED ON MY FOOD TRAY AND SERVED TO ME KNOWING THAT THE FOOD WAS OLD AND EXPIRED MAKING IT UNSAFE FOR INMATE AND HUMAN CONSUMPTION, THIS IS A CLAIM FOR DEPRIVING ME OF MY CONSTITUTIONAL RIGHT TO BE FREE FROM CRUEL AND UNUSUAL PUNISHMENT.

4 B

Page 2 of 3

REQUESTED RELIEF: I am
REQUESTING \$ 500,000⁰⁰
FIVE HUNDRED THOUSAND US
DOLLARS:

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

C. What date and approximate time did the events giving rise to your claim(s) occur?

See attached 4A 4B 4C pages

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

See 4A 4B 4C pages

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I was vomiting, and had pain in MY Head and I was Deprived ANY medical TREATMENT.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I would like TO BE Awarded \$500,000⁰⁰ FIVE HUNDRED Thousand US Dollars and all OFFICIALS TO BE DISCIPLINED.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Lewisburg US Penitentiary

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

Claim for Food Poisoning

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☒ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

I filed a BP-8 BP-9 BP-10 BP-11
and with the F.B.O.P and i
filed them all again

2. What did you claim in your grievance?

I Claimed That I was feed
poisonous/ contaminated food

3. What was the result, if any?

NO ACTION WAS TAKEN

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I FULLY Exhausted all MY Admin-
istrative remedies with help from
Prisoners :

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I originally filed a civil action and DUE TO FAILURE TO COMPLETELY EXHAUST all administrative remedies I voluntarily dismissed and now in re-filing:

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

See all attached documents and all remedies on docket of prior suit 3:17-cv-00378-JMM-SES

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

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A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☒ Yes
☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) Anderson Coutinho-Silva
Defendant(s) Ramirez, Food Service Director

2. Court (if federal court, name the district; if state court, name the county and State)

Middle District of Pennsylvania

3. Docket or index number

3:17-CV-00378-JMM-SES

4. Name of Judge assigned to your case

James M. Munley, and Susan E. Schwab

5. Approximate date of filing lawsuit

3-1-2017

6. Is the case still pending?

☐ Yes
☒ No

If no, give the approximate date of disposition. 8-21-2018

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

NO; VOLUNTARY DISMISSAL

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

NO

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

☒ Yes

☐ No

See ATTACHED pages EXHIBITS

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (if federal court, name the district; if state court, name the county and State)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 3-13-2019

* Signature of Plaintiff 

Printed Name of Plaintiff

ANDERSON COUTINHO-SILVA

Prison Identification #

64654-066

Prison Address

US PENITENTIARY MAX PO BOX 8500

Florence

CO

81226

City

State

Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

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CASREF,PROSE,WVSENT

**United States District Court
Middle District of Pennsylvania (Scranton)
CIVIL DOCKET FOR CASE #: 3:17-cv-00378-JMM-SES**

COUTINHO-SILVA v. RAMIREZ

Assigned to: Honorable James M. Munley

Referred to: Magistrate Judge Susan E. Schwab

Case in other court: Pennsylvania Eastern, 2:17-cv-00326

Cause: 28:1331 Federal Question: Other Civil Rights

Date Filed: 03/01/2017

Jury Demand: None

Nature of Suit: 555 Prisoner Civil Rights
(Prison Conditions)

Jurisdiction: U.S. Government Defendant

Plaintiff

ANDERSON COUTINHO-SILVA

represented by **ANDERSON COUTINHO-SILVA**

64654-066

FLORENCE ADMAX

SPECIAL MAIL - OPEN ONLY IN
THE PRESENCE OF THE INMATE
U.S. PENITENTIARY

Inmate Mail/Parcels

PO BOX 8500

FLORENCE, CO 81226

PRO SE

V.

Defendant

Ramirez

USP LEWISBURG FOOD DIRECTOR

represented by **S B Bellin**

U.S. Attorney's Office - Prisoner

228 Walnut Street, Suite 220

P.O. Box 11754

Harrisburg, PA 17108

717-221-4482

Email: shana.b.bellin@usdoj.gov

ATTORNEY TO BE NOTICED

Date Filed	#	Docket Text
01/23/2017	<u>1</u>	COMPLAINT against RAMIREZ, filed by ANDERSON COUTINHO-SILVA. NO FEE. NO IFP. (Attachments: # <u>1</u> Civil Cover Sheet, # <u>2</u> Envelope)(jwl,) [Transferred from Pennsylvania Eastern on 3/1/2017.] (Entered: 01/24/2017)

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03/30/2017	<u>11</u>	WAIVER OF SERVICE Returned by Ramirez. Ramirez waiver sent on 3/13/2017, answer due 5/12/2017. (aaa) (Entered: 03/30/2017)
04/14/2017		VERBAL ORDER REFERRING CASE to Magistrate Judge Susan E. Schwab; (jw) (Entered: 04/14/2017)
05/12/2017	<u>12</u>	MOTION to Dismiss by Ramirez. (Attachments: # <u>1</u> Proposed Order)(Bellin, S) (Entered: 05/12/2017)
05/12/2017	<u>13</u>	BRIEF IN SUPPORT re <u>12</u> MOTION to Dismiss filed by Ramirez. (Attachments: # <u>1</u> Exhibit(s))(Bellin, S) (Entered: 05/12/2017)
05/15/2017	<u>14</u>	ORDER - Defendant has filed a motion to dismiss the complaint (doc. 12) and a brief in support of that motion (doc. 13). IT IS ORDERED that the plaintiff shall file, on or before, May 30, 2017, a brief in opposition to the defendant's motion. Signed by Magistrate Judge Susan E. Schwab on 5/15/2017. (ktt) (Entered: 05/15/2017)
05/22/2017	<u>15</u>	Letter dtd 5/15/17 from Coutinho-Silva RE: filing fee (ao) (Entered: 05/23/2017)
05/30/2017		Receipt of payment from ERIC BURNS in the amount of \$0.44 for PLRA CIVIL FILING FEE. Transaction posted on 5/26/2017. Receipt number 333055528 processed by gangeli. (tp) (Entered: 05/30/2017)
06/27/2017	<u>16</u>	ORDER - IT IS ORDERED that Coutinho-Silva shall show cause, on or before July 10, 2017, why the motion to dismiss should not be granted as unopposed and why this action should not be dismissed pursuant to Fed.R.Civ.P. 41(b) in that he has failed to prosecute this action. Signed by Magistrate Judge Susan E. Schwab on 6/27/2017. (ktt) (Entered: 06/28/2017)
07/10/2017	<u>17</u>	Letter dtd 7/4/17 from Coutinho-Silva responding to Order dtd 6/27/17. (ao) (Entered: 07/11/2017)
07/11/2017	<u>18</u>	ORDER - IT IS ORDERED that the Clerk of Court is directed to docket Coutinho- Silva May 29, 2017 letter/brief (doc. 17 at 4) as his brief in opposition to the pending motion to dismiss. The defendant may file a reply brief within 14 days from the date of this Order. Signed by Magistrate Judge Susan E. Schwab on 7/11/2017. (ktt) (Entered: 07/11/2017)
07/11/2017	<u>19</u>	BRIEF IN OPPOSITION re <u>12</u> MOTION to Dismiss filed by ANDERSON COUTINHO-SILVA.(ktt) (Entered: 07/12/2017)
07/24/2017	<u>20</u>	Letter from the plaintiff regarding case filed by ANDERSON COUTINHO-SILVA.(pjr) (Entered: 07/24/2017)
08/14/2017	<u>21</u>	Letter dated 8/10/17 from Plaintiff requesting counsel. (aaa) (Entered: 08/14/2017)
09/20/2017	<u>22</u>	ORDER - IT IS ORDERED that Coutinho-Silva's motion <u>21</u> for the appointment of counsel is DENIED. SEE ORDER FOR COMPLETE

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Case Search Results

Search Criteria: Case Search; Case Title: COUTINHO-SILVA**Result Count:** 4 (1 page)**Current Page:** 1

Case Title	Case Number	Court	Date Filed	Date Closed
COUTINHO-SILVA v. CURRAN FROMHOLD CORRECTIONAL FACILITY	2:2016cv06364	Pennsylvania Eastern District Court	12/08/2016	12/14/2016
COUTINHO-SILVA v. PRATTER	2:2011cv04432	Pennsylvania Eastern District Court	07/11/2011	12/13/2011
COUTINHO-SILVA v. RAMIREZ	2:2017cv00326	Pennsylvania Eastern District Court	01/23/2017	01/26/2017
COUTINHO-SILVA v. RAMIREZ	3:2017cv00378	Pennsylvania Middle District Court	03/01/2017	08/21/2018

PACER Service Center

Receipt 11/14/2018 15:25:26 1313025534

User bp0095**Client Code****Description** All Court Types Case Search
All Courts; Case Title COUTINHO-SILVA; Page: 1**Billable Pages** 1 (\$0.10)

Name: Coutinho-Silva

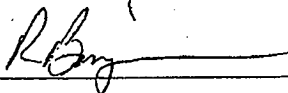
Reg. No: 64654-066

Qtrs: J-216

The following is in response to your concern over the recent gastrointestinal illness at USP Lewisburg.

Over the past few weeks, several inmates at USP Lewisburg have reported symptoms related to gastrointestinal disturbances. Health Services staff have assessed all inmates who reported these symptoms, and they have received appropriate treatments. We continue to remain committed in providing a safe environment for both inmates and staff. As always, if you have any medical concerns, please report them through daily sick call.

12-14-2016
Date



Admin. Remedy No.: 886409-F1
Part B - Response

ADMINISTRATIVE REMEDY RESPONSE

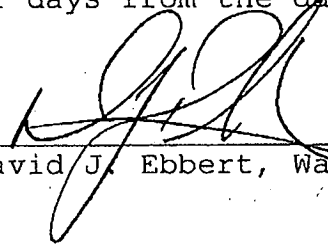
This is in response to your Request for Administrative Remedy received December 20, 2016, wherein you allege you were served contaminated food.

A thorough review of this matter reveals over the past few weeks, several inmates at USP Lewisburg have reported symptoms related to gastrointestinal disturbances. Health Services staff have assessed all inmates who reported these symptoms, and they received appropriate treatment. Food Service continues to remain committed to providing a safe environment for both inmates and staff. As per Program Statement 4700.06, Food Service Manual, all safety, sanitation, and cooking procedures are being followed. As always, if you have any medical concerns, report them through sick call.

Based on the above findings, this response to your request for Administrative Remedy is for informational purposes only.

If you are dissatisfied with this response, you may appeal to the Regional Director, United States Federal Bureau of Prisons, Northeast Regional Office, United States Customs House-Seventh Floor, Second and Chestnut Streets, Philadelphia, PA 19106, within twenty (20) calendar days from the date of this response.

12/28/16
Date



David J. Ebbert, Warden

COUTINHO-SILVA, Anderson

Reg. No. 64654-066

Appeal No. 886409-R1

Page One

Part B - Response

You appeal the response from the Warden at USP Lewisburg and assert that the Food Service Department served old food. Specifically, you claim you notified the Administration on November 22, 2016 that you were served old food. You also contend you were not seen by Health Services. You request review of this matter.

A review of your appeal reveals in November 2016 several inmates at USP Lewisburg reported symptoms related to gastrointestinal disturbances. Procedures were put into place to address these concerns and Health Services staff assessed all inmates who reported these symptoms. Medical staff advises there is no documentation that you reported any illness to them at that time. If you have any medical concerns, you may see your Primary Care Provider via sick call. Accordingly, your appeal is denied.

If you are dissatisfied with this response, you may appeal to the General Counsel, Federal Bureau of Prisons. Your appeal must be received in the Administrative Remedy Section, Office of General Counsel, Federal Bureau of Prisons, 320 First Street, N.W., Washington, D.C. 20534, within 30 calendar days of the date of this response.

Date: February 7, 2017


M.D. CARVAJAL
Regional Director

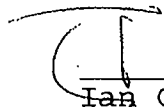
Administrative Remedy Number 886409-A1
Part B - Response

This is in response to your Central Office Administrative Remedy Appeal in which you claim you were served old food which caused you to be sick at USP Lewisburg. You make no specific request for relief.

Our investigation reveals that the Warden and Regional Director adequately addressed the issues you raised in this appeal and we concur with the responses provided. As was explained, there was a gastrointestinal condition which affected some inmates. Those inmates were isolated and provided medical care. Decontamination of affected areas was conducted. We find staff members' actions during this period were commensurate with established policy and procedures

Based on the foregoing, this response is provided for informational purposes only.

7/13/17
Date



Ian Connors, Administrator
National Inmate Appeals

RECEIVED
AUG 10 2017
ADX Warden's Office

**Individualized Reentry Plan - Program Review (Inmate Copy)**

SEQUENCE: 01588348

Dept. of Justice / Federal Bureau of Prisons

Team Date: 03-17-2019

Plan is for inmate: COUTINHO-SILVA, ANDERSON JOSE 64654-066

Most Recent Payment Plan

No.	Type	Amount	Balance	Payable	Status
** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					
2	FINE	\$1,000.00	\$1,000.00	IMMEDIATE	WAIT PLAN
** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					

Payment Details

Trust Fund Deposits - Past 6 months: \$0.00

Payments commensurate? N/A

New Payment Plan:

** No data **

Progress since last review

- * Has not maintained clear conduct since last review.
- * Has not signed an FRP contract.
- * Is participating in programming.

Next Program Review Goals

- * Enroll in one Education programs (Engineering Disasters) and/or one Psychology program (PSYCHOLOGY SERVICES SELF-HELP PACKETS OR WORKBOOKS).
- * Continue maintaining clear conduct by displaying good communication skills with staff and other inmates.
- * Sign an FRP contract and begin making FRP payments.
- * Continue to actively participate in the English as a Second Language program.

Long Term Goals

- * Complete four Education (Earth Flight, Lost Worlds of South America, Deadliest Catch Season 1, and Deadliest Catch Season 2) and/or two Psychology programs (PSYCHOLOGY SERVICES SELF-HELP LIBRARY and PSYCHOLOGY SERVICES SELF-INTERPRETATION ESSAYS) by March 2020.
- * Display good communication skills with staff and other inmates by maintaining clear conduct until March 2020.
- * Make 12 FRP payments by March 2019.
- * Complete the English as a Second Language program by March 2019.

RRC/HC Placement

No.
Other detaining authority will take custody upon release.

Comments

- Treaty Transfer: Eligible and not interested.
- * As per inmate Coutinho-Silva there are no emergency contacts.
 - * Not eligible for Step-Down due to incident report(s) within the last year.



Individualized Reentry Plan - Program Review (Inmate Copy)

SEQUENCE: 01588348

Dept. of Justice / Federal Bureau of Prisons

Team Date: 09-25-2018

Plan is for inmate: COUTINHO-SILVA, ANDERSON JOSE 64654-066

Most Recent Payment Plan

No.	Type	Amount	Balance	Payable	Status
** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					
2	FINE	\$1,000.00	\$1,000.00	IMMEDIATE	WAIT PLAN
** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					

Payment Details

Trust Fund Deposits- Past 6 months: \$0.00

Payments commensurate ? N/A

New Payment Plan:

** No data **

Progress since last review

- * Has maintained clear conduct since last review.
- * Has participated in programming.

Next Program Review Goals

- * Enroll in one Education programs (Engineering Disasters) and/or one Psychology program (PSYCHOLOGY SERVICES SELF-HELP PACKETS OR WORKBOOKS).
- * Continue maintaining clear conduct by displaying good communication skills with staff and other inmates.
- * Sign an FRP contract and begin making FRP payments.
- * Continue to actively participate in the English as a Second Language program.

Long Term Goals

- * Complete four Education (Earth Flight, Lost Worlds of South America, Deadliest Catch Season 1, and Deadliest Catch Season 2) and/or two Psychology programs (PSYCHOLOGY SERVICES SELF-HELP LIBRARY and PSYCHOLOGY SERVICES SELF-INTERPRETATION ESSAYS) by September 2019.
- * Continue to display good communication skills with staff and other inmates by maintaining clear conduct until September 2019.
- * Make four FRP payments by September 2019.
- * Complete the English as a Second Language program by September 2019.

RRC/HC Placement

- No.
- Other detaining authority will take custody upon release.

Comments

- Treaty Transfer: Eligible and not interested.
- * As per inmate Coutinho-Silva there are no emergency contacts.
- * Not eligible for Step-Down due to incident report(s) within the last year.



U.S. Department of Justice
Federal Bureau of Prisons
United States Penitentiary
2400 Robert F. Miller Drive
P. O. Box 1000
Lewisburg, PA 17837

30 de noviembre de 2016

MEMORÁNDUM PARA LA TODA POBLACIÓN DE RECLUSOS DE LEWISBURG USP

DE: David J. Ebbert, Alcaide

TEMA: Enfermedad Gastrointestinal

El propósito de este memorando es informar a la población reclusa de una afección gastrointestinal dentro de la población de la SMU en Lewisburg USP. Los reclusos que presentan con síntomas (fiebre, diarrea y retortijones de estómago) están siendo aislados así como un menor número de internos afectados por ser celled o en contacto directo con los internos afectados.

Vamos a seguir con un horario modificado para incluir cajas de almuerzo con el fin de semana. Ventas de Comisario se reanudarán el jueves.

Como recordatorio, deben utilizarse métodos de higiene como el lavado de manos frecuente y eficaz:

1. Caliente, agua corriente de uso
2. Usar jabón siempre que sea posible
3. Frotar las manos durante al menos 20 segundos
4. Matorrales por debajo de las uñas
5. Enjuague y luego seque

~~Cuándo lavarse las manos:~~

1. Después de usar el inodoro
2. 2. Antes de comer o tocar alimentos

Esta es una traducción de un documento de inglés proporcionado como cortesía a aquellas no domina el inglés. Si se produce diferencias o cualquier malentendido, los documentos de registro será el documento inglés relacionado.

~~This is a translation of an English language document provided as a courtesy to those not fluent in English. If differences or any misunderstandings occur, the documents of record shall be the related English-language document.~~



U.S. Department of Justice

Federal Bureau of Prisons

Northeast Regional Office

Via Certified and Return Receipt Mail

U.S. Custom House - 7th Floor
2nd & Chestnut Streets
Philadelphia, PA. 19106

February 19, 2019

Anderson Coutinho-Silva, Reg. No. 64654-066
USP Florence Max
P.O. Box 8500
Florence, CO 81226-8500

Re: Administrative Claim No. TRT-NER-2018-03816

Dear Mr. Coutinho-Silva:

This office is in receipt of your administrative claim materials, for an alleged personal injury suffered on November 22, 2016, at USP Lewisburg.

After carefully reviewing your administrative claim materials, we have determined it is a duplicative claim. Your claim is a duplicate of Administrative Claim No. TRT-NER-2018-03816, which the BOP Northeast Regional Office denied on June 4, 2018, more than six months ago (copy attached).

Accordingly, I am returning your claim materials to you.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Howard", is written over a horizontal line.

Darrin Howard
Regional Counsel



U.S. Department of Justice

Federal Bureau of Prisons

Northeast Regional Office

COPY

Via Certified and Return Receipt Mail

U.S. Custom House-7th Floor
2nd & Chestnut Streets
Philadelphia, PA 19106

June 4, 2018

Mr. Anderson Coutinho-Silva, Reg. No. 64654-066
USP Florence (ADMAX)
P.O. Box 8500
Florence, CO 81226

RE: Administrative Claim No. TRT-NER-2018-03816

Dear Mr. Coutinho-Silva:

Your Administrative Claim No. TRT-NER-2018-03816, properly received on April 23, 2018, has been considered for settlement as provided by the Federal Tort Claims Act (FTCA), 28 U.S.C. § 2672, under authority delegated to me by 28 C.F.R. § 543.30. Damages are sought in the amount of \$10,000.00 based on a personal injury claim. Specifically, you allege you became ill after being served contaminated food at USP Lewisburg.

An investigation reveals that a number of inmates at USP Lewisburg developed vomiting and diarrhea as a result of a food-borne illness in November and December 2016. As a result, all inmates were informed to immediately report any symptoms to staff. Procedures were put into place to address these concerns and Health Services staff assessed all inmates who reported these symptoms. The investigation, including review of your medical records, reveals no documentation that you reported any symptoms. There is no evidence that you experienced a compensable loss as the result of negligence on the part of any Bureau of Prisons employee. Accordingly, your claim is denied.

If you are dissatisfied with this decision, you may bring an action against the United States in an appropriate United States District Court within six (6) months of the date of this letter.

Sincerely,

Darrin Howard
Regional Counsel

cc: David J. Ebbert, Warden, USP Lewisburg

Name: COUTINHO SILVA
 Reg. No. 04654-066
 U.S. Penitentiary MAX
 P.O. Box 8500
 Florence, CO 81226-8500

4/29/19

LEGAL MAIL

APRIL 29 2019



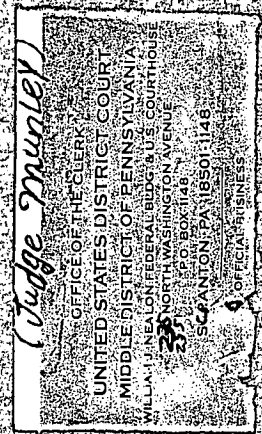
FEDERAL CORRECTIONAL INSTITUTION
 P.O. BOX 6000
 FLORENCE, COLORADO 81226

DATE: 4/30/19

SPECIAL LEGAL MAIL

The enclosed letter was processed through special mailing procedures for forwarding to you. The letter has neither been opened nor inspected. If the writer raises a question or a problem over which this facility has jurisdiction, you may wish to return the material for further information or clarification. If no further enclosed correspondence for forwarding to a crime addressee, please, return the enclosed to the above address.

(Judge Murphy)



RECEIVED
 SCRANTON

MAY 03 2019

PER: [Signature]
 DEPUTY CLERK